

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & Address): REZA WILLIAMS SBN:28534 2121 TUSTIN AVE SANTA ANA 92705 Telephone No.: E-Mail Address (Optional): ATTORNEY FOR (Name): RALPH SANDERS		FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE NORTH JUSTICE CENTER FEB 16 2018 DAVID H. YAMASAKI, Clerk of the Court BY: A. WILSON, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE JUSTICE CENTER: <input type="checkbox"/> Central - 700 Civic Center Dr. West, Santa Ana, CA 92701-4045 <input type="checkbox"/> Harbor-Newport Beach Facility-4601 Jamboree Rd., Newport Beach, CA 92660-2595 <input type="checkbox"/> North - 1275 N. Berkeley Ave., P. O. Box 5000, Fullerton, CA 92838-0500		
PLAINTIFF / PETITIONER: RALPH SANDERS		
DEFENDANT / RESPONDENT: PAUL GONZALEZ		
DECLARATION RE: NOTICE Temporary Restraining Order Civil Harassment, Workplace Violence, Transitional Housing, Postsecondary Educational Institution, Elder or Dependent Adult Abuse, Gun Violence Restraining Order		CASE NUMBER: 30-2018 00974025

- ☒ On (date) 2/15/2018 at (time) 9:12 PM
I telephoned Plaintiff/Petitioner or Defendant/Respondent (name) PAUL GONZALEZ
I said that on (date) 2-15-18 at (time) 9:00, I would ask the Court for a Temporary
Restraining Order (describe order, e.g. "against violence"):
TO DO ON 2/12 AND SPECIFICS ON 2/15. THIS BROUGHT
ON 8 ACCUSING HARASSING CALLS FROM HIM AFTER 10 PM
I gave the location of the Courthouse as Dept. N10 at (address) 1275 N BERKELEY
NORTH COURT AFTER 11 PM, THE POLICE BANG ON THE DOOR
SAYING HE WANTS TO TALK TO ME. THIS IS DISRUPTIVE
☐ I have been unable to give notice to the Plaintiff/Petitioner or Defendant/Respondent for the following reasons:
TIVE TO NEIGHBOORHOOD RELATIONS AND OUR SE-
NIORS WHO LIVE HERE.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 2-15-2018

RALPH SANDERS
(TYPE OR PRINT NAME)

Ralph Sanders
(SIGNATURE OF DECLARANT)

PROGRAM OPERATOR: <u>Ralph Sanders</u>	CASE NUMBER: <u>30-2018</u>
PARTICIPANT: <u>Paul Gonzales</u>	<u>00974025</u>

3. ☐ JUSTIFICATION OR EXCUSE

I have done some or all of the acts of which I am accused, but the actions are justified or excused for the following reasons:

a. ☐ My acts served a legitimate purpose (specify):

(Specify on attached form MC-031 if you need more room, and check this box: ☐)

b. ☐ My acts were constitutionally protected (specify):

(Specify on attached form MC-031 if you need more room, and check this box: ☐)

4. ☒ WRONG PROGRAM. Program operator does **not** operate a "transitional housing program" as defined in Health and Safety Code section 50582(g) (explain): I answered a craigslist add in March for a room for rent. I never signed, initialed or verbally agreed to live in a transitional facility. Robbie Bobbye Housing Inc. is registered as a non-profit / Domestic / Real Estate Developer

5. ☒ PROGRAM CONTRACT

a. ☒ I have no contract with the program operator.

b. ☐ The contract does not include the program rules and regulations.

c. ☐ The contract does not include a statement of program operator's right of control over and right of access to my dwelling unit.

d. ☐ The contract does not contain a restatement or summary of the requirements and procedures of the Transitional Housing Participant Misconduct Act.

6. ☒ OTHER DEFENSES. I have other defenses or reasons a court order should **not** be granted (specify):

(Specify on attached form MC-031 if you need more room, and check this box: ☒)

I was served on 03/06/2018, the court date is set for 03/09/2018. It is my understanding that I am supposed to receive personal service 5 days prior to the hearing, I have not been given sufficient time to write a proper response. I have video proof of when I was served.

7. ☒ Number of pages attached: 10

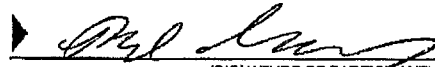
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

MAR 08 2018

Date:

Paul Gonzales

(TYPE OR PRINT NAME)


(SIGNATURE OF PARTICIPANT)

MC-031

PLAINTIFF/PETITIONER: <u>Ralph Sanders</u>	CASE NUMBER: <u>30-2018</u>
DEFENDANT/RESPONDENT: <u>Paul Gonzales</u>	<u>00074025</u>

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

Before I get into my response, I would like to mention that I was served at 9:00 o'clock p.m. on March 3rd 2018. That gives me two days to write, respond, and file with the court. It is my understanding that any paperwork must be personally served at least five days prior to the court hearing. I have video proof that is time stamped 3/6 of myself being served.

I answered a Craigslist add for a room for rent at 741 W. 4th Ave, La Habra CA, on or around March 1st 2017. In the add it stated that there were rooms for rent in Santa Ana and La Habra. I called the landlord Ralph Sanders and was told that he simply rented out rooms for cash. At the time my wife and I were both living in a hotel in La Habra and busy with our full time jobs. Since my wife worked in La Habra at the time, Ralph agreed to meet with her during her lunch. He accepted a two hundred dollar down payment to hold the room for us, which we recieved a receipt for. A week later on March 9th we finally had the time to move in. We

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. →

Date: 03/08/2018

Paul Gonzales

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

☒ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☒ Respondent ☐ Other (Specify):

MC-031

PLAINTIFF/PETITIONER: <u>Ralph Sanders</u>	CASE NUMBER: <u>30-2018</u>
DEFENDANT/RESPONDENT: <u>Paul Gonzales</u>	<u>00074025</u>

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

arrived with our belongings and proceeded to move into our room, at 741 W. 4th Ave. We then met with Ralph Sanders in the back house, 745 W. 4th Ave. where Ralph resides. At this time I gave him one thousand dollars bringing the total to twelve hundred dollars for a room in the front house. He signed a receipt under Ralph Sanders took the cash, and that was that. I was never informed that the two houses were transitional housing, or sober living, or elderly, or shared room and board, and I still do not believe that they are. I never signed any paper work agreeing to live in transitional housing. I never signed, initiated or verbally agreed to any rules and regulations pertaining to transitional living, ever! On August 5th 2018 we moved into the master bedroom with an attached bathroom. My wife's nine year old son from a previous relationship moved in with us. Also my first born son was due on August 15th so we needed more space. We agreed to fourteen hundred dollars a month, continued to pay in cash and receive

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 03/08/2018

Paul Gonzales
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☒ Respondent ☐ Other (Specify):

MC-031

PLAINTIFF/PETITIONER: <u>Ralph Sanders</u>	CASE NUMBER: <u>30-2018</u>
DEFENDANT/RESPONDENT: <u>Paul Gonzales</u>	<u>00924025</u>

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

receipts signed by Ralph Sanders, I'm not sure of the specific dates but I believe in December the city of La Habra inquired Ralph Sanders as to whether he was running a sober living, there had been several complaints from residents and neighbors. It is my understanding that at this time Ralph registered with the city of La Habra, that's when my family and I became aware of where we were living. As I said before, I never agreed to be a part of transitional housing. I was renting a room for my family in exchange for cash. Ralph Sanders attempted to have my wife and I sign contracts in January 2018, pertaining to transitional housing. After much harassment and the threat of being kicked out on the streets my wife felt pressured and signed the contract under duress, and against my advice. I on the other hand never signed any such contract. Transitional housing is not what Ralph and I agreed upon. We had been living at 741 W. 4th Ave. for ten months, and this was the first time →

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 03/08/2018

Paul Gonzales

(TYPE OR PRINT NAME)



(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (Specify):

MC-031

PLAINTIFF/PETITIONER: <u>Ralph Sanders</u>	CASE NUMBER: <u>30-2018</u>
DEFENDANT/RESPONDENT: <u>Paul Gonzales</u>	<u>009724025</u>

DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

we had been told that it was transitional housing, and that we had to sign a contract full of rules and regulations, along with many ridiculous unwritten rules. Eg. We are not allowed to call the fire department, police or an ambulance. According to Ralph, it brings to much attention to the property, If we are being picked up or dropped off it has to be off of the property. I was told that I could not play with my children outside, that we were not to be seen by neighbors. No use of recreational marijuana (which I do not use) only Ralph was allowed to smoke in his room, marijuana supplied to him by another resident by the name of Ricky Brown. The same man he uses to intimidate residents into compliance. Ralph began stamping Robbie Bobbye Transitional Housing Inc. on his receipts in September 2017 which I never noticed, I always had my wife give him the rent and receive the receipts, she did not notice as well. We began having issues with Ralph in February when I requested that he speak to two

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 03/08/2018

Paul Gonzales
(TYPE OR PRINT NAME)


(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☒ Respondent ☐ Other (Specify):

-Declaration

OF the other residents that lived across the hallway from us, by the names of Carmen and Arnold Diaz, brother and sister, both on SSI, about their use of e-cigarettes/vaporizers in the house. I had previously informed them that my son Malachi had developed bronchitis which the doctor said was environmental and also that my son Aiden at ten years old for the first time in his life had been diagnosed with Asthma. I also informed them that it was illegal for them to use e-cigarettes/vaporizers in the house. Governor Jerry Brown passed laws making these devices and e-liquids equal to tobacco and cigarettes. It also states in Ralphs new rules and regulations that smoking inside of the property was grounds for dismissal. They continue to vape in the house to this day. I have even had to call the police to speak to them about their habit and the legalities of it. The two people living in our room before us were removed from the property for smoking in their room. It is my understanding that Carmen Diaz denies using e-cigarettes/vaporizers, yet we've recently recorded her using a vaporizer. I personally slid papers under Ralph Sanders →

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.
03/08/2018

Paul Gonzales *Paul Gonzales*

☒ Respondent

Declaration

door about the dangers and legalities of e-cigarettes) vaporizers. I'm assuming he took it as a personal attack against his wallet, also because of his use of marijuana indoors, violating his own rules. The next day Ralph walked into the house at 741 W. 4th Ave. yelled at my wife saying that she is causing problems, threw the paperwork I had slid under his door at her and stormed out of the house. After a few minutes my wife went outside to take the trash out, Ralph was in his car backing out of the driveway, he yelled at her once more stating that he wanted us to get the fuck out of his house. Ralph and I had an agreement as of January 2018 that I would be paying the rent in two payments each month until my wife received her disability and we were able to pay in one payment. In the middle of February 2018, before I offered him the second payment of \$700 dollars I requested that he write out an agreement stating that he would not try to kick us out the moment after I payed him. I had been warned by his previous house manager Carmine Scuteri that he was in the process of removing us, he lashed out

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.
03/08/2018

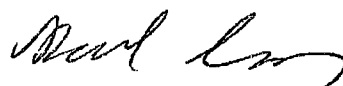
Paul Gonzales  Respondent

Declaration

In anger telling me to keep my money, and that he wanted us out. (I have this in text, on my phone) After this Ralph began to spiral out of control, he and other residents upon his request began making unfounded accusations against my family and I. He has bribed and intimidated residents to comply with his efforts to slander our names. He threatens to put people out on the streets, he offers a cut on rent or payment for residents to lie and falsify statements for court. He has even created and signed false documents in other peoples names. He uses Ricky Brown and Willie Render to intimidate other housemates, especially the elderly. I personally witnessed Ricky Brown put his hands around Carmine Scuteri's neck and choke him. I am also aware that Ricky Brown slashed Tony Cooks tires, a previous resident, provoking Tony into a confrontation which was used to remove Tony from the property, he was also falsely accused of many wrong doings. I have been accused of either selling or using illicit drugs. I previously used medical marijuana, but have been sober for two years.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

03/08/2018

Paul Gonzales 

☒ Respondent

Plaintiff / Petitioner: Ralph Sanchez

Part 4 of 4

Page 10 of 20

Case Number

Defendant / Respondent: Paul Gonzales


30-2018

00974025

Not only that, I am on probation for marijuana related offenses. I am drug tested and searched on a regular basis, and always pass with flying colors. I do not have time or money for juvenile endeavors. I work full time to take care of my family and pay for an overpriced room. My life consists of work, family and sleep. I have never damaged any property, I do not even know what I am being accused of in that regard, so I will comment no further. I have also never threatened or harassed any individuals in this house. The only issue I have ever had with anyone was with Gene Burgess, Gene had been stealing food from our refrigerator for months before I ever spoke to him. He has also called my wife a stupid bitch on several occasions, called my son a fucking idiot for accidentally leaving the door open, and the worst offense he perpetrated was against my children. He put a pornographic channel on the television while both of my children were sitting on the couch with Beverly, a resident at the house. Beverly asked him to change the channel and he replied, "Fuck those kids".

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

03/08/2018


Paul Gonzales ☒ Respondent

Declaration

We moved our food to a refrigerator in the garage, where Gene has zero personal items, Gene went into the garage and stole a package of blueberries from our freezer. Beverly came upstairs and told me what she had witnessed. I went downstairs, checked the freezer saw that the blueberries were gone. I went by the table where Gene was sitting and saw the blueberries sitting on the table in a zip-lock bag that was given to us by my mother-in-law, and took the blueberries back. I told Gene to leave my wife and kids alone, and to stop stealing from us. We reported this behavior to Ralph Sanders who told us that he has been stealing from others and insulting people since he's lived on the premises, and that we should write statements so he could be removed. As far as Chris and Christee are concerned. I have no idea what their issue was. I do believe Christie had some sort of personal problem with my wife, possibly jealousy, that's just a guess. I am aware that they falsified a police statement in order to have the police come and do a welfare check on my family. Whatever their desired →

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

03/08/2018

Paul Gonzales 

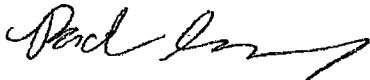
☒ Respondent

Declaration

result was it did not pan out. As I mentioned it is an unwritten rule that no one may call the police. Chiz and Christre were removed from the house shortly thereafter, for their actions. As for Carmen Diaz, I have never harassed or insulted her or her dogs. As I said earlier, I've asked her to stop vaping in the house, which was the foundation for this chicanery brought upon us by Ralph Sanders. Concerned for my children's welfare I tested the fire alarm next to my room to make sure that it functioned properly. I had no idea that all the fire alarms in the house were connected, nor did I laugh hysterically.

It is my understanding that Robbie Bobbye Housing Inc. is a real estate developer that leases five properties throughout the county of Orange, many unlisted. They then sub-leases out every room, nook, cranny and couch for profit. They are registered as a domestic non-profit. They have been using the guise of transitional living since around December 2017, so they can keep making a profit.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.
03/08/2018

Paul Gonzales 

Respondent

30-2017

009 33621

RENTAL SCREENING APPLICATION

LANDLORD INFORMATION

Landlord Name: Ralph Sanders
Landlord Address: 1251 W Bishop
Landlord City, State, ZIP Code: Santa Ana, California 92703
Landlord Telephone: 714 262 8378
Landlord Email: resanders16@yahoo.com
Landlord Fax: California

RENTAL PROPERTY INFORMATION

Rental Property Name: Robbie Bobbye Housing, Inc.
Property Address: 741 745 W Fourth Ave.
Landlord City, State, ZIP Code: La Habra, California 90631
Number of Bedrooms: 5 Shared Rooms (2 Per Room)

APPLICANT INFORMATION

Applicant Name: DORIN FAILS / JANET VERKICH
Date of Birth: 9-2-1952 / 12-7-1952
Social Security Number: 530 406 397 / 557-94-2985
Current Address: 278 FALCON AVE. #10
LONG BEACH, CA.
Phone Number: 562-212-9143
Email Address: DO FAILS 2@gmail.com
How long at current address? 3 yrs.
Current Landlord: PAST
Landlord Phone Number:

APPLICANT EMPLOYMENT HISTORY

Current Employer: VETERANS DISABILITY / SOCIAL SEC.
Current Supervisor Name:
Current Employer Address:
Current Employer Telephone:
Position Held:
Period of Time Employed:

30-2017

009 3362

Conflict Resolution

Each housemate will strive to develop mutual cooperation with all other housemates. Should disagreements arise, each shall try to resolve the dispute in good faith using clear communication. If disputes continue thereafter, the housemates agree to the following methods of conflict resolution:

- ☐ Decision by household consensus
- ☐ Binding mediation by impartial third party
- ☐ Decision by household majority vote
- ☐ Decision by Principal Tenant
- ☒ Decision by Owner

Privacy

As required by law, the landlord may enter the tenant's room only for the following reasons: (a) in case of emergency; (b) to make necessary or agreed-upon repairs, decorations, or improvements, supply necessary or agreed-upon services, or exhibit the dwelling unit to prospective or actual purchasers, mortgagees, tenants, workers, or contractors; (c) when the tenant has abandoned or surrendered the premises; or (d) pursuant to court order. The landlord must give the tenant **WRITTEN** twenty-four (24) hours notice of intent to enter and may enter only during normal business hours, excepting by necessity, cases (a) and (c) above.

Deposits

Last month's rent: paid on _____ amount \$ _____
Security deposit: paid on 6/50 6/12 amount \$ _____
Other refundable deposit (e.g., telephone or utility deposit for payment of bills after tenant moves out) in the amount of \$ 0 was paid on 0

This "other" deposit is refundable within _____ days after tenant vacates the premises. If any portion of it is deducted, an accounting and verification of the reasonableness of the deduction will be provided.

The security deposit may be used for the purpose of repairing damage for which the tenant is responsible (beyond normal wear and tear), cleaning, or paying unpaid rent or other bills. The landlord and the tenant shall conduct a pre-move out inspection of the rental **BEFORE** the tenant moves out at which time the landlord shall inform the tenant of needed repairs and/or cleaning in **WRITING**. The tenant shall have the right to make any repairs identified at the pre-move out inspection at his or her expense before the move out date without deduction from the security deposit. Within 21 days after the tenant moves out, the landlord shall return the deposit to the tenant with **interest** less any deductions, if any, the landlord is entitled to under California Civil Code 1950.5. If any deductions are made, the landlord shall provide the tenant with a written itemized statement of expenses and receipts for cleaning or repairs for which deductions were made from the deposit.

RENTAL SCREENING APPLICATION

30-2018

00974025

RENTAL PROPERTY INFORMATION

Robbie Bobbye Transitional Housing, Inc.

- ☐ 1251 W Bishop St., Santa Ana 92703
- ☒ 741 W Fourth Ave., La Habra 90631
- ☐ 745 W Fourth Ave., La Habra 90631
- ☐ 1057 W Civic Center Dr., Santa Ana 92703

LANDLORD INFORMATION

Operations Manager Ralph Sanders (10:00 until 8:00pm)

1251 W Bishop

Santa Ana, CA 92703

Resanders16@yahoo.com

RENTAL AGREEMENT (MONTH-TO-MONTH)

30-2018

00974025

DATE: 12-10-2017

Agreement between Robbie Bobbye Transitional Housing and

Renee Gonzalez For the
following dwelling located at:

- ☐ 1251 W Bishop St Santa Ana 92703
- ☒ 741 W Fourth Ave La Habra 90631
- ☐ 745 W Fourth Ave La Habra 90631
- ☐ 1057 W Civic Center Dr. Santa Ana 90703

No other person(s) may live here and no other pets may stay here, not even temporarily.

Guests agrees to rent this dwelling on a month-to-month basis for:

- ☐ \$500 per month for sharing a room with two others.
- ☐ \$650 per month for sharing a room with one other.
- ☐ \$1200 per month for a couple per room.
- ☒ \$1400 per month for master bedroom

Amount checked will be due on the 1st day of each month.

Security/ cleaning deposit of: \$ 0. It is refundable if the Guests leaves the dwelling reasonably clean and undamaged.

Robbie Bobbye Housing will refund all deposits within 14 days after the Guest has moved out completely and returned the keys.

Guest will give Robbie Bobbye Transitional Housing 7 days' notice in writing before they move and will be responsible for paying rent through the end of the rental month or until another Guest is approved before the month is over, whichever comes first.

30-2017

00933622

ROOM RENTAL AGREEMENT

SHARED HOUSING

This is a legally binding agreement. It is intended to promote household harmony by clarifying the expectations and responsibilities of the Owner or Principal Tenant (Landlords) and Tenant when they share the same home. The term "Landlord" refers to either Owner or Principal Tenant. Landlord shall provide a copy of this executed (signed) document to the Tenant, as required by law.

Rental Unit Located at:

741 OR 745 W FOURTH AVE LA HABRA
Address City State

Parties

Owner/Principal Tenant (circle)

LAMBERT MONTE VISTA

Name

Tenant

DON FAILS

JANET VERKICH

Name

Terms

Length of Agreement: Month-to-Month

Either party may cancel or change terms of this agreement upon thirty (30) days WRITTEN notice. The notice period may be lengthened or shortened by mutual WRITTEN agreement, but no less than 7 days.

Rent

1200 is payable monthly on the 3RD day of the month, to ROBBIE BOBBYE HOUSING
Rent ☒ does ☐ does not include utilities. If it does not, utility bills will be apportioned as follows:

- ☐ Gas/Electricity: Tenant pays 0 % of monthly bill. ☐ 0 dollars
☐ Water/Garbage: Tenant pays 0 % of monthly bill. ☐ 0 dollars
☐ Phone: Tenant pays 0 % of monthly bill plus personal long distance calls. ☐ 0 dollars
☐ Other: 0 Tenant pays 0 % of monthly bill. ☐ 0 dollars

Household Rules

Cleaning ASSIGNED

Overnight guests NONE ALLOWED

Smoking BACKYARD ONLY

Alcohol/drug use NOT ALLOWED

Studying/quiet hours AFTER 9 PM

Music/TV ALWAYS LOW

Pets APPROVED WITH A

DEPOSIT

Kitchen use SHARED

Use of washer, dryer, appliances SHARED

Use of common areas SHARED

Use of telephone N/A

Sharing personal items YOUR CALL

Bedroom assignment WITH 1 PERSON

Other _____

Attach supplementary sheet for more detail or additional categories.

30-2017

009 33621

ROOM RENTAL AGREEMENT

SHARED HOUSING

This is a legally binding agreement. It is intended to promote household harmony by clarifying the expectations and responsibilities of the Owner or Principal Tenant (Landlords) and Tenant when they share the same home. The term "Landlord" refers to either Owner or Principal Tenant. Landlord shall provide a copy of this executed (signed) document to the Tenant, as required by law.

Rental Unit Located at:

741 OR 745 W FOURTH AVE LA HABRA
Address City State

Parties

Owner/Principal Tenant (circle)

LAMBERT MONTE VISTA
Name

Tenant

DON FAILS

Name

JANET VERKICH

Terms

Length of Agreement: Month-to-Month

Either party may cancel or change terms of this agreement upon thirty (30) days WRITTEN notice. The notice period may be lengthened or shortened by mutual WRITTEN agreement, but no less than 7 days.

Rent

1200

is payable monthly on the 3RD day of the month, to

ROBBIE BOBBY HOUSING

Rent ☒ does ☐ does not include utilities. If it does not, utility bills will be apportioned as follows:

☐ Gas/Electricity: Tenant pays 0 % of monthly bill. ☐ 0 dollars

☐ Water/Garbage: Tenant pays 0 % of monthly bill. ☐ 0 dollars

☐ Phone: Tenant pays 0 % of monthly bill plus personal long distance calls. ☐ 0 dollars

☐ Other: 0 Tenant pays 0 % of monthly bill. ☐ 0 dollars

Household Rules

Cleaning ASSIGNED

Overnight guests NONE ALLOWED

Smoking BACKYARD ONLY

Alcohol/drug use NOT ALLOWED

Studying/quiet hours AFTER 9 PM

Music/TV ALWAYS LOW

Pets APPROVED WITH A

DEPOSIT

Kitchen use SHARED

Use of washer, dryer, appliances SHARED

Use of common areas SHARED

Use of telephone N/A

Sharing personal items YOUR CALL

Bedroom assignment WITH 1 PERSON

Other: SEE

Attach supplementary sheet for more detail or additional categories.

1057 West Civic Center Drive, Santa Ana, CA 92703

This is a summary of our complete property report. View full report.

Property Details

Property address	1057 W Civic Center Dr, Santa Ana, CA 92703
County	Orange
Parcel ID	40518113
Legal description	N TR 731 BLK LOT 7 TRACT NO 731 LOT 7 AND POR ABAND STR (TOWNER)
School district	Santa Ana Unified
Neighborhood	Washington Square
Lot area sqft	5,451
Property class	Commercial (3)
Zoning	Specific Development (SD)

Ownership Information

Owner name, mailing address for 1057 W Civic Center Dr. To make your research easier, ownership records include current and previous owners.

Owner name:	Coastal Oc LLC	Purchase date:	3/3/2006
	C/O Dan Kalili	Purchase price:	n/a
Owner address:	16722 Hale Ave		
Location:	Irvine, CA 92606		
Tenants:	See information on full report		

We are using cookies to give you the best experience on our website.
By continuing to browse this site you agree to our use of cookies. You can find out more about
which cookies we are using in our [Privacy Policy](#).

Accept



State of California
Secretary of State

Limited Liability Company
Articles of Organization

LLC-1

File #

201113310017

FILED

in the office of the Secretary of State
of the State of California

MAR 07 2011

A \$70.00 filing fee must accompany this form.

Important – Read instructions before completing this form.

This Space For Filing Use Only

Entity Name (End the name with the words "Limited Liability Company," or the abbreviations "LLC" or "L.L.C." The words "Limited" and "Company" may be abbreviated to "Ltd." and "Co.," respectively.)

1. NAME OF LIMITED LIABILITY COMPANY

Coastal OC, LLC

Purpose (The following statement is required by statute and should not be altered.)

2. THE PURPOSE OF THE LIMITED LIABILITY COMPANY IS TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A LIMITED LIABILITY COMPANY MAY BE ORGANIZED UNDER THE BEVERLY-KILLEA LIMITED LIABILITY COMPANY ACT.

Initial Agent for Service of Process (If the agent is an individual, the agent must reside in California and both Items 3 and 4 must be completed. If the agent is a corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 3 must be completed (leave Item 4 blank).)

3. NAME OF INITIAL AGENT FOR SERVICE OF PROCESS

Dan F. Kalili

4. IF AN INDIVIDUAL, ADDRESS OF INITIAL AGENT FOR SERVICE OF PROCESS IN CALIFORNIA CITY STATE ZIP CODE

16722 Hale Ave

Irvine CA 92606

Management (Check only one)

5. THE LIMITED LIABILITY COMPANY WILL BE MANAGED BY:



ONE MANAGER



MORE THAN ONE MANAGER



ALL LIMITED LIABILITY COMPANY MEMBER(S)

Additional Information

6. ADDITIONAL INFORMATION SET FORTH ON THE ATTACHED PAGES, IF ANY, IS INCORPORATED HEREIN BY THIS REFERENCE AND MADE A PART OF THIS CERTIFICATE.

Execution

7. I DECLARE I AM THE PERSON WHO EXECUTED THIS INSTRUMENT, WHICH EXECUTION IS MY ACT AND DEED.

MARCH 04, 2011

DATE

SIGNATURE OF ORGANIZER

DAN F. KALILI

TYPE OR PRINT NAME OF ORGANIZER

18-424166



Secretary of State
Statement of No Change
(Limited Liability Company)
FORM LLC-12NC

28

FILED
Secretary of State
State of California

DEC 31 2018

IMPORTANT — Read instructions before completing this form. This form may be used only if a complete Statement of Information has been filed previously.

Filing Fee - \$20.00

Copy Fee - \$1.00, Certification Fee - \$5.00 per document

This Space For Office Use Only

- 1. Limited Liability Company Name** (Enter the name of the limited liability company exactly as it is of record with the California Secretary of State)

Coastal OC, LLC

- 2. 12-Digit Secretary of State File Number**

201113310017

- 3. State or Place of Organization** (only if formed outside of California)

CA

- 4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12))

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

- 5. The information contained herein is true and correct.**

1/1/2019
Date

Dan Kalili

Type or Print Name of Person Completing the Form

Managing Member

Title

[Signature]
Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.)

Name: [Dan Kalili]
Company: Coastal OC, LLC
Address: 16722 Hale Ave.
City/State/Zip: [Irvine, CA 92606]

17-403399



Secretary of State
Statement of No Change
(Limited Liability Company)
FORM LLC-12NC

11

FILED
Secretary of State
State of California

JAN 09 2017

IMPORTANT — Read instructions before completing this form. This form may be used only if a complete Statement of Information has been filed previously.

Filing Fee - \$20.00

Copy Fee - \$1.00, Certification Fee - \$5.00 per document

This Space For Office Use Only

- 1. Limited Liability Company Name** (Enter the name of the limited liability company exactly as it is of record with the California Secretary of State)

Lambert Monte Vista, LLC

- 2. 12-Digit Secretary of State File Number**

201114510096

- 3. State or Place of Organization** (only if formed outside of California)

CA

- 4. No Change Statement** (Do not alter the No Change Statement. If there has been any change, please complete a Statement of Information (Form LLC-12))

There has been no change in any of the information contained in the previous complete Statement of Information filed with the California Secretary of State.

- 5. The information contained herein is true and correct.**

1/3/17
Date

Dan Kalili

Type or Print Name of Person Completing the Form

Managing Member

Title

[Signature]
Signature

Return Address (Optional) (For communication from the Secretary of State related to this document, or if purchasing a copy of the filed document, enter the name of a person or company and the mailing address. This information will become public when filed. (SEE INSTRUCTIONS BEFORE COMPLETING.))

Name: [Dan Kalili]
Company: Lambert Monte Vista, LLC
Address: 16722 Hale Ave.
City/State/Zip: [Irvine, CA 92606]

CH-100

**Request for Civil Harassment
Restraining Orders**

Clerk stamps date here when form is filed.

Read *Can a Civil Harassment Restraining Order Help Me?* (Form CH-100-INFO) before completing this form. Also fill out *Confidential CLETS Information* (Form CLETS-001) with as much information as you know.

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
NORTH JUSTICE CENTER

DEC 30 2016

DAVID H. YAMASAKI, Clerk of the Court

BY: _____, DEPUTY

1 Person Seeking Protection

a. Your Full Name: RALPH SANDERS Age: 64
Your Lawyer (if you have one for this case):
Name: _____ State Bar No.: _____
Firm Name: _____

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):
Address: 741 W FOURTH AVE
City: LA HABRA State: CA Zip: 90631
Telephone: 714 262 8378 Fax: _____
E-Mail Address: _____

Fill in court name and street address:

Superior Court of California, County of

North Justice Center
1275 N. Berkeley Avenue
Fullerton, CA 92838-0500

Court fills in case number when form is filed.

Case Number: 80-2016
00895113

2 Person From Whom Protection Is Sought

Full Name: LEON GARCIA RC Age: 50
Address (if known): 16181 SUNNYVIEW TERRACE
City: HACIENDA HEIGHTS State: CA Zip: 91745

3 Additional Protected Persons

a. Are you asking for protection for any other family or household members? ☒ Yes ☐ No If yes, list them:

Full Name	Sex	Age	Lives with you?	How are they related to you?
<u>SERGIO GARCIA</u>	<u>M</u>	<u>56</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIENT</u>
<u>FRED SNIDER</u>	<u>M</u>	<u>76</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIENT</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

☐ Check here if there are more persons. Attach a sheet of paper and write "Attachment 3a—Additional Protected Persons" for a title. You may use Form MC-025, Attachment.

b. Why do these people need protection? (Explain below):

☒ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 3b—Why Others Need Protection" for a title.

LEON HAS CONFRONTED FRED IF HE HAS TOLD ABOUT HIS DRINKING PORNOGRAPHY WATCHING, AND EATING OTHERS FOOD NUMEROUS TIMES. SERGIO IS TIRED OF BEING ASKED TO TURN HIS BACK ON LEONS WRONG DOINGS

This is not a Court Order

30-2016

Case Number: 00895113

15 ☐ **Additional Orders Requested**

I ask the court to make the following additional orders (specify):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 15—Additional Orders Requested," for a title.

HE STILL HAS FURNITURE IN OUR GARAGE. HE DOES NOT HAVE TRANSPORTATION BUT HAS A FRIEND WITH A TRUCK WHO HELPED HIM MOVE-IN AND HELPED HIM MOVE STUFF OUT ON 12-24. WE REQUEST TO HELP HIS FRIEND LOAD THE TRUCK WITH LEON NOT IN ATTENDANCE. I HAVE REQUESTED HE GIVE MY NUMBER TO HIS MOVER SO WE CAN CO-ORDINATE HIM TAKING LEON'S STUFF. THE FURNITURE IS WORTH LESS. HE IS USING THIS FOR AN EXCUSE TO COME TORMENT US WHEN EVER HE WANTS TO COME GET SOMETHING. I WOULD LIKE TO RENT A TRUCK ASAP AND TAKE TO HIM BUT HE WILL NOT ALLOW THAT AND DO NOT KNOW HIS ADDRESS.

16 Number of pages attached to this form, if any: 6

Date: _____


Lawyer's name (if any)

Lawyer's signature

I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date: 12-24-2016

RALPH SANDERS
Type or print your name


Sign your name

This is not a Court Order.



CH-100

Request for Civil Harassment Restraining Orders

Read *California Civil Harassment Restraining Order Help Me? (Form CH-100-INFO)* before completing this form. Also fill out *Confidential CLETS Information (Form CLETS-001)* with as much information as you know.

Clerk stamps date here when form is filed.

FILED
SUPERIOR COURT OF CALIFORNIA
COUNTY OF ORANGE
CENTRAL JUSTICE CENTER

DEC 22 2016

DAVID H. YAMASAKI, Clerk of the Court

BY: _____ DEPUTY

1 Person Seeking Protection

a. Your Full Name:

RALPH SANDERS

Age: 64

Your Lawyer (if you have one for this case):

Name: _____ State Bar No.: _____

Firm Name: _____

b. Your Address (If you have a lawyer, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, you may give a different mailing address instead. You do not have to give telephone, fax, or e-mail.):

Address: 1251 W BISHOP

City: SANTA ANA State: CA Zip: 92703

Telephone: 714 262 8378 Fax: _____

E-Mail Address: _____

Fill in court name and street address:

Superior Court of California, County of

Orange, Central Justice Center
700 Civic Center Drive West
Santa Ana, CA 92701

Court fills in case number when form is filed.

Case Number: 30-2016

00893996

2 Person From Whom Protection Is Sought

Full Name: MARLEEN QUIBUYEN Age: 55

Address (if known): 1251 W BISHOP

City: SANTA ANA State: CA Zip: 92703

3 Additional Protected Persons

a. Are you asking for protection for any other family or household members? ☒ Yes ☐ No If yes, list them:

Full Name	Sex	Age	Lives with you?	How are they related to you?
<u>KAYLA DE LA ROSA</u>	<u>F</u>	<u>26</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIENT</u>
<u>SERGIO GARCIA</u>	<u>M</u>	<u>66</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>HOUSE MANAGER</u>
<u>KIM HARRIS</u>	<u>F</u>	<u>50</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIENT</u>
<u>RICKI BROWN</u>	<u>M</u>	<u>50</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>CLIENT</u>

☐ Check here if there are more persons. Attach a sheet of paper and write "Attachment 3a—Additional Protected Persons" for a title. You may use Form MC-025, Attachment.

b. Why do these people need protection? (Explain below):

☒ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 3b—Why Others Need Protection" for a title.

KAYLA HAS BEEN PUSHED BY MARLEEN AND CANNOT SPEAK. SERGIO HAS FACED AGGRESSIVE VERBAL THREATS DAILY AND WILL MOVE BACK INTO MANAGE WHEN SHE MOVES OUT.

This is not a Court Order.

30-2016

Case Number: 00893996

15 ☐ Additional Orders Requested

I ask the court to make the following additional orders (specify):

☐ Check here if there is not enough space for your answer. Put your complete answer on the attached sheet of paper or Form MC-025 and write "Attachment 15—Additional Orders Requested," for a title.

16 Number of pages attached to this form, if any. 15

Date: _____

Lawyer's name (if any)

Lawyer's signature

I declare under penalty of perjury under the laws of the State of California that the information above and on all attachments is true and correct.

Date: 12-19-2016

RALPH SANDERS
Type or print your name

Ralph Sanders
Sign your name

This is not a Court Order.

ATTACHMENT . b CONT.

30-2016

00893996

ROBBIE BOBBYE HOUSING

WE, THE FOLLOWING CLIENTS, HAVE BEEN HARASSED, SEEN
MANAGEMENT HARRASSED AND WOULD LIKE TO BRING PEACE
AND QUIET BACK TO OUR HOME BY RESTRINING MARLENE
QUIBUYEN FROM OUR PRESENCE.

Sergio GARCIA House Manager

RALPH SANDERS - DIRECTOR

Ricky Brown

Charlene Jackson

Paul Furt

Rossy Grosse Robt Hoo

Kim Harris

Cindy Janner

Judy Pett

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address) REZA WILLIAMS SBN:285312 2121 TUSTIN AVE SANTA ANA 92705		TELEPHONE NO.: 909-300-2747	FOR COURT USE ONLY FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF ORANGE NORTH JUSTICE CENTER JUL 25 2017 DAVID H. YAMASAKI, Clerk of the Court BY: A. CALDERON, DEPUTY
ATTORNEY FOR (Name): RALPH SANDERS			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: 1275 N BERKELEY AVE MAILING ADDRESS: CITY AND ZIP CODE: FULLERTON 92832 BRANCH NAME: NORTH			
PROGRAM OPERATOR: RALPH SANDERS PARTICIPANT: JANET VERKICH			
PETITION FOR ORDER PROHIBITING ABUSE OR PROGRAM MISCONDUCT <input checked="" type="checkbox"/> Application for Temporary Restraining Order <input type="checkbox"/> Modification of Previous Order (date):			CASE NUMBER: 30-2017 009 33621

(THIS IS NOT AN ORDER)

- Read the Instructions for Program Operators before completing this form.
- You must have a copy served on the participant at least two days before the hearing.

1. Jurisdiction. This suit is filed in this county because participant resides in this county.

2. Program operator (name): **RALPH SANDERS**

operates a "transitional housing program" as defined in Health and Safety Code section 50582(g).

- a. ☐ Governmental agency (specify): ☐ Manager or operator
- b. ☒ Private nonprofit corporation receiving program funds from a governmental agency ☒ Manager or operator
The funding agency is (specify): **SSI, SSDI, RAPID REHOUSING**

3. Program site (specify street address, city, ZIP Code):

- a. ☒ Dwelling unit of participant (address optional):
741 W FOURTH AVE LA HABRA 90631 **R.S.**
- b. ☒ Other locations of the program (addresses):
745 W FOURTH AVE LA HABRA 90631

4. Participant to be restrained or excluded is a "homeless person" dwelling at a "program site" as defined in Health and Safety Code section 50582 (name all to be restrained or excluded):

Name	Age (if under 18)
JANET VERKICH	55
DORVIN FALES R.S.	55

5. Persons living with participant in participant's dwelling unit who are not to be restrained or excluded (name all below). If none, check this box: ☐

Name	Family relationship	Age (if under 18)
------	---------------------	-------------------

6. Participant has signed a contract with the program operator. The contract includes (attach a copy of the signed contract)

- a. Program rules and regulations.
- b. A statement of program operator's right of control over and access to the program unit occupied by participant.
- c. A summary of the requirements and procedures of Health and Safety Code sections 50580-50591.

(Continued on reverse)

Page one of four

30-2017

(THIS IS NOT AN ORDER)

PROGRAM OPERATOR: RALPH SANDERS

CASE NUMBER: 009 33621

PARTICIPANT: JANET VERKICH

☒ REQUEST FOR TEMPORARY RESTRAINING ORDER

To Be Effective From Now Until The Hearing

15. ☒ I request that the orders requested in items ☒ 8 ☒ 9 ☒ 10 ☒ 11 ☒ 12 be effective from now until the hearing. (Note: Temporary exclusion orders under items 10-11 require an emergency.)

a. Participant

(1) ☒ has not been under contract with the program for more than six months (date of contract):

(2) ☐ has been under contract with the program for more than six months, but

(i) ☐ a restraining order is in effect and subject to further orders (specify in item 14).

(ii) ☐ an action is pending against participant (specify in item 14).

b. Notice to participant. ☒ Program operator ☐ Operator's attorney (attach attorney's affidavit)

(1) ☒ informed participant or his or her attorney on (date): 7/22/17

at (time): 1PM of the date, time, and place this petition would be filed.

(2) ☐ made the following good-faith efforts to inform participant or his or her attorney of the date, time, and place this petition would be filed (specify efforts):

(3) ☐ should not be required to inform the participant or his or her attorney of the date, time, and place this petition would be filed because (specify reasons):

c. NEED FOR IMMEDIATE ORDER BEFORE THE HEARING. Program operator, program participants, or persons living within 100 feet of the program site will suffer great and irreparable harm before this petition can be heard in court unless the court makes those orders requested above effective now and until the hearing. (Specify the harm and why it will occur before the hearing. For temporary exclusion orders under items 10-11, show emergency and need to prevent imminent serious bodily injury.)

DON AND JANET'S DAILY ACTIONS HAVE INTERFERRED WITH THE PROGRAM MANAGERS ABILITY TO RUN THE PROGRAM BY LEAVING DISTURBING VOICEMAILS AND TEXTS HARASSING THE PROGRAM MANAGER. DAILY VERBAL ABUSE TO THE HOUSE MANAGER WHO ASKS THEM TO OBEY THE HOUSE RULES, THREATENING TO 'DEAL WITH WHOEVER IS TELLING ON HIM'. LOUD THREATS OF VIOLENCE TO EACH OTHER DAY AND NIGHT DESTROYING THE PEACE OF THE HOME, CIGAR SMOKING IN THE ROOM THAT LEAKS INTO THE HALLWAY AFFECTING THE HEALTH OF OTHERS.

DON AND JANET ARE HARASSING OUR IMMEDIATE NEIGHBORS BY RINGING AND BANKING ON SHELTER DOORS WELL PAST MIDNIGHT. IN AND OUT OF DRIVE PAST 10PM NIGHTLY. WALKING DOOR AT 1,2, OR 3 IN THE MORNING CAUSING THE

16. ☒ Number of pages attached: ~~2~~ 27 R.S.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 7-22-17

RALPH SANDERS
(TYPE OR PRINT NAME)

Ralph Sanders
(SIGNATURE OF PROGRAM OPERATOR)

TITLE of person signing: